| STATE OF NEW MEXICO | | | | | | Form C-104 Revised 10-01-78 Format 06-01-83 | |
|---|----------------------------|-----------------------------------|----------------------------|-----------------|-----------------|---|---------------|
| 018 TA 199110 40651949 | | ONSERVA | TION DIVIS | ION | | Page 1 | |
| JANTA FE | P. O. BOX 2088 | | | | | | |
| FILE | SANTA FE, NEW MEXICO 87501 | | | | | | |
| U.I.O.A. | 0//// | •••• | | | | | |
| LAND OFFICE | | | | | | | |
| TRANSPORTER GAS | | REQUEST FOR | ALLOWABLE | • | | | |
| OPERATOR | | 4A | | TURAL GAS | 5 | | |
| PROBATION OFFICE | AUTHORIZATI | ON TO TRANSP | ORT OIL AND NA | | | | |
| Ι. | | | | | | | |
| Operator | | | | | | | |
| GREENHILL PETROLEUM | CORPORATION | | | | | | |
| Address | | | my 77070 | | | | |
| 16010 Barker's Point | Lane, Suite 32 | 5, Houston | 1X //0/9 | lease explain) | | | |
| Resson(s) for filing (Check proper b | 01) | | | | | | |
| New Well | Change in Trans | | Eff | fective l | /1/89 | | |
| Recompletion | 011 | | | | | | |
| Y Change in Ownership | Casinghead | | ondensole | | | | |
| | | | | | - MM 997 | 40 | |
| If change of ownership give name and address of previous owner | | icing, Inc. | , P, O. Box | | | | Lease No. |
| II. DESCRIPTION OF WELL | AND LEASE | Name, Including | formation | | Lease | | |
| Lease Name | | Lovington P | | Sicle, | Federal or Fee | State | <u>B-7893</u> |
| Lovington Paddock Ur | it 0 | Lovington r | addock | | | | |
| | | _ | 2200 | Fact | From The | East | |
| Unis Leller i | 180 Feet From Th | <u>South</u>L | ine and <u>2280</u> | | | | |
| Unit Letter | | | | NUPN, | Lea | | County |
| tipe of Section 25 | Township 165 | Range | 36E . | NMPM | | | |
| Clift of other | | | | | | | |
| IIL DESIGNATION OF TRA | NSPORTER OF OIL | | AL GAS Address (Cive ad | ddress to whic | h approved copy | of this form is | to be sent) |
| Name of Authorized Helleter | | | Address (Give a | 11 | Annoued con | of this form is | to be sent) |
| | Castaghead Gas | or Dry Cos | Address (Give a | ddress to white | | | |
| Name of Authorized Transporter o | 1 Octanique et al. | | | | | | |
| | Unit Sec. | Twp. Rgs. | is gas actually | connected? | When | | |
| If well produces oil or liquide, | Unit Sec. | | | | | | |
| give location of tanks. | | | | | | | • |
| If this production is commingle | id with that from any o | other lease or po | ol, give commingin | uf order nom | | | |
| NOTE: Complete Parts IV | • | e ij necessury. | 1 | OIL CONS | ERVATION | DIVISION | |
| VI. CERTIFICATE OF COM | PLIANCE | | | _ | JAN 18 | 1989 | . 19 |

BY

TITLE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Gene Linton (Signalwe) Production Coordinator (Tule) December 28, 1988 (Date)

(713) 870-0606

| OIL | JAN 1 8 1989 |
|-----|--------------------------------|
| - | ORGINAL SIGNED BY JUNEY SEXTON |

DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi completed wells.

REAL PALL

and the presence lands and the second s

RECEIVED JAN 4 1989 OCD HOABS OFFICE

Andreas a series